

**PART B -FEE(S) TRANSMITTAL**

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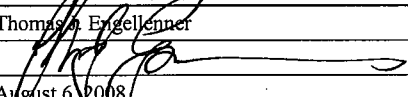
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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155 Seaport Boulevard  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Thomas J. Engellenner	(Depositor's name)
	(Signature)
August 6, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/777,022	February 10, 2004	Gregory B. Altshuler	105090-0235	2212

TITLE OF INVENTION:      MULTI-WAVELENGTH ORAL PHOTOTHERAPY APPLICATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Patent	yes	\$720.00	\$300.00	\$1,020.00	August 7, 2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
H. M. Johnson	3739	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.
- Use of a Customer Number is required.**

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	Thomas J. Engellenner
2	Deborah A. Miller
3	Nutter McClennen & Fish LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PALOMAR MEDICAL TECHNOLOGIES, INC.

Burlington, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):    ☐ Individual    ☒ Corporation or other private group entity    ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order -# of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge any additional fee(s), or credit any overpayment to Deposit Account Number 141449

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.    ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_  
Typed or printed name Thomas J. Engellenner

Date August 6, 2008  
Registration No. 28,711

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on August 6, 2008  
Date



Signature

Thomas J. Engellenner

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28,711  
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Issue Fee Transmittal (1 page)  
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